

Clinical features of thyroid cancers

Clinical features of thyroid cancers

The annual incidence is about 0.8 per million of the population and the sex ratio is three females to one male. However, the incidence of PTC is increasing rapidly across the world. This Karl Hürthle, 1866–1945, histopathologist, Breslau, Germany (now Wrocław, Poland). is mostly due to increased rates of imaging detecting previously occult disease. For that reason, although the incidence is increasing, the mortality rates remain static at over 80% 5-year survival for all groups. In particular, anaplastic carcinoma predicts poor outcome with differentiated carcinomas generally having excellent outcomes. The most common presenting symptom is a thyroid swelling (Figures 55.21 and 55.23). Enlarged cervical lymph nodes may be the presentation of PTC. RLN paralysis is very suggestive of locally advanced disease. - - - -

Figure 55.22 Metastasis in the humerus from thyroid carcinoma (courtesy of DS Devadatta, Vellore, India). Figure 55.23 Follicular neoplasm of the thyroid presenting as an isolated swelling.

ing. A differentiated carcinoma may be suspiciously firm and irregular, but is often indistinguishable from a benign swelling. Small papillary tumours may be impalpable, even when lymphatic metastases are present. Pain, often referred to the ear, is suggestive of nerve involvement from infiltrating tumours. Clinical features of thyroid cancers

The annual incidence is about 0.8 per million of the population and the sex ratio is three females to one male. However, the incidence of PTC is increasing rapidly across the world. This Karl Hürthle, 1866–1945, histopathologist, Breslau, Germany (now Wrocław, Poland). is mostly due to increased rates of imaging detecting previously occult disease. For that reason, although the incidence is increasing, the mortality rates remain static at over 80% 5-year survival for all groups. In particular, anaplastic carcinoma predicts poor outcome with differentiated carcinomas generally having excellent outcomes. The most common presenting symptom is a thyroid swelling (Figures 55.21 and 55.23). Enlarged cervical lymph nodes may be the presentation of PTC. RLN paralysis is very suggestive of locally advanced disease. - - - -

Figure 55.22 Metastasis in the humerus from thyroid carcinoma (courtesy of DS Devadatta, Vellore, India). Figure 55.23 Follicular neoplasm of the thyroid presenting as an isolated swelling.

ing. A differentiated carcinoma may be suspiciously firm and irregular, but is often indistinguishable from a benign swelling. Small papillary tumours may be impalpable, even when lymphatic metastases are present. Pain, often referred to the ear, is suggestive of nerve involvement from infiltrating tumours.

Revision #1

Created 2025-12-31 15:20:46 UTC by Omar Ayman

Updated 2025-12-31 15:20:46 UTC by Omar Ayman